



Houston MRI

Diagnostic Radiology of Houston

ASSIGNMENT OF BENEFITS FORM
Phone: 713.425.8100 • Fax Orders: 713.425.8182

- 2600 N. Gessner, Ste. 150, Houston, TX 77080
- 5630 E. Sam Houston Pkwy N., Houston, TX 77015
- 1336 Pin Oak Road, Katy, TX 77494

ASSIGNMENT OF BENEFITS

I _____ the undersigned, certify that I (or my dependent)

Print Name

have medical coverage as indicated above and assign directly to Houston MRI (DRH & Associates, Inc.) all insurance benefits, if any, payable to me for services rendered. I understand that Houston MRI (DRH & Associates, Inc.) will attempt to pre-certify/pre-authorize and collect payment based on information provided by my insurance company. I understand that I am ultimately responsible for all charges whether or not paid by insurance and/or other responsible party. I hereby authorize Houston MRI (DRH & Associates, Inc.) to release all information to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I also authorize the collection of all amounts unpaid by my insurance company charged to the credit card/debit card placed on file with Houston MRI (DRH & Associates, Inc.) on the ____ day of the month for that purpose. This amount may be in addition to or less than the estimate below.

Today, your estimated Payment will be \$ _____. Houston MRI has based your amount due on the "estimate of benefits" given by your insurance company.

Signature

Date: ____/____/____

THIRD PARTY SCHEDULING

Your doctor's office scheduled your exam thru _____ (a third party scheduling company). Please direct any billing questions to _____ at Phone _____. Please be informed that any unpaid balance on your account with our facility will be your responsibility.

Signature

Date: ____/____/____

GOING GREEN



Houston MRI is proud to announce we are doing our part to improve the environment. We are striving to become a paperless and filmless diagnostic company and **GOING GREEN!!** As you may be aware, your insurance company does not pay for CD's, x-ray films or MRI films of your exam. However, we do offer a more environmentally friendly approach by creating a CD of your images.

Your doctor has the ability to see all of your images and your results on our website. Depending on your physician and the type of exam requested, there may be additional fees for films or CD's of the tests done at our facilities.

CD's are \$21.00 and Films are \$10.00 per sheet (multiple sheets may be required). As part of your procedure today, you will receive a ____ CD ____ Films.

Signature

Date: ____/____/____

* OFFICE USE ONLY

Received ____ CD ____ Films Acc# _____ X _____ Date: ____/____/____